

## APPLICATION DATA SHEET

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: N

Computer Readable Form (CRF)?:: N

Number of Copies of CRF::

Title:: Ureteral Stent with Small Bladder Tail(s)

Attorney Docket Number:: BSC-067C2

Request for Early Publication?:: N

Request for Non-Publication?:: N

Suggested Drawing Figure::

Total Drawing Sheets:: 12

Small Entity?:: N

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: N

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Ralph

Middle Name:: V.

Family Name:: Clayman

Name Suffix::

City of Residence:: Clayton

State or Province of Residence:: MO  
Country of Residence:: U.S.  
Street of Mailing Address:: 14 Ridgemoor Drive  
City of Mailing Address:: Clayton  
State or Province of Mailing Address:: MO  
Country of Mailing Address:: U.S.  
Postal or Zip Code of Mailing Address:: 63105

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Alyssa  
Middle Name:: J.  
Family Name:: Dassa  
Name Suffix::  
City of Residence:: Wayne  
State or Province of Residence:: NJ  
Country of Residence:: U.S.  
Street of Mailing Address:: 151 Beech Terrace  
City of Mailing Address:: Wayne  
State or Province of Mailing Address:: NJ  
Country of Mailing Address:: U.S.  
Postal or Zip Code of Mailing Address:: 07470

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name::  
Family Name:: Fishbein  
Name Suffix::  
City of Residence:: Medway  
State or Province of Residence:: MA

Country of Residence:: U.S.  
Street of Mailing Address:: 13 Medway Branch Road  
City of Mailing Address:: Medway  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: U.S.  
Postal or Zip Code of Mailing Address:: 02056

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Douglas  
Middle Name:: E.  
Family Name:: Godshall  
Name Suffix::

City of Residence:: Franklin  
State or Province of Residence:: MA  
Country of Residence:: U.S.  
Street of Mailing Address:: 34 Town Line Road  
City of Mailing Address:: Franklin  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: U.S.  
Postal or Zip Code of Mailing Address:: 02038

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Willett  
Middle Name:: F.  
Family Name:: Whitmore  
Name Suffix:: III  
City of Residence:: Sarasota  
State or Province of Residence:: FL  
Country of Residence:: U.S.  
Street of Mailing Address:: P.O. Box 25367

City of Mailing Address:: Sarasota  
 State or Province of Mailing Address:: FL  
 Country of Mailing Address:: U.S.  
 Postal or Zip Code of Mailing Address:: 34277

#### Correspondence Information

Correspondence Customer Number:: 021323

#### Representative Information

Representative Customer Number:: 021323

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/300,657	04/27/99
09/300,657	Continuation of	08/743,885	11/06/96
08/743,885	An application claiming the benefit under 35 USC 119(e)	60/006,259	11/07/95
08/743,885	An application claiming the benefit under 35 USC 119(e)	60/025,284	09/19/96
08/743,885	An application claiming the benefit under 35 USC 119(e)	60/009,983	01/16/96

#### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::